



## Supplemental Application Data Sheet

### APPLICATION INFORMATION

Application Number:: 10/508,978  
Filing Date:: 11/19/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD Disks:  
Number of Copies of CDs:  
Sequence Submission?: Paper  
Computer Readable From (CRF)? No  
Number of Copies of CRF: 1  
Title: METHOD FOR TREATING CANCER IN HUMANS  
Attorney Docket Number: 230591  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:  
Total Drawing Sheets: 6  
Small Entity?: No  
Latin Name:  
Variety denomination name:  
Petition Included?: No  
Petition Type:  
Licensed US Govt. Agency:  
Contract or Grant Numbers:  
Secrecy Order in Parent Appl.?: No

### APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Patrick  
Middle Name::  
Family Name:: HWU  
Name Suffix::  
City of Residence:: ~~Potomac~~ Houston  
State or Prov. of Residence:: ~~MD~~ TX  
Country of Residence:: US  
Street of mailing address:: ~~41006 Lamplighter Lane~~ 3317 Plumb Street

City of mailing address:: ~~Potomac~~ Houston  
State or Province of mailing address:: ~~MD~~ TX  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: ~~20854~~ 77005

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gang  
Middle Name::  
Family Name:: WANG  
Name Suffix::  
City of Residence:: Montgomery Village  
State or Prov. of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 20220 Darlington Drive

City of mailing address:: Montgomery Village  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20886

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Warren  
Middle Name::  
Family Name:: LEONARD  
Name Suffix::  
City of Residence:: Bethesda  
State or Prov. of Residence:: MD  
Country of Residence:: US  
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City of mailing address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address:: US  
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Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rosanne  
Middle Name::  
Family Name:: SPOLSKI  
Name Suffix::  
City of Residence:: Ellicott City  
State or Prov. of Residence:: MD  
Country of Residence:: US  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Katsutoshi  
Middle Name::  
Family Name:: OZAKI  
Name Suffix::  
City of Residence:: Tokyo  
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Country of Residence:: Japan  
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Kawachi-gun  
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## **CORRESPONDENCE INFORMATION**

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## **REPRESENTATIVE INFORMATION**

Representative Customer Number 1:: 45733

Representative Designation:: Registration Number:: Representative Name::

### DOMESTIC PRIORITY INFORMATION

|                  |  |                      |                      |
|------------------|--|----------------------|----------------------|
| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of  | PCT/US03/09707       | 03/27/03             |
| PCT/US03/09707   | An application<br>claiming the benefit<br>under 35 USC<br>119(e) | 60/368,438           | 03/27/02             |

### FOREIGN APPLICATION INFORMATION

|           |                      |               |                  |
|-----------|----------------------|---------------|------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed |
|-----------|----------------------|---------------|------------------|

### ASSIGNEE INFORMATION

|                             |  |
|-----------------------------|--|
| Assignee name::             | Government of the United States of America, represented by<br>the Secretary, Department of Health and Human Services |
| Street of mailing address:: | Office of Technology Transfer<br>6011 Executive Boulevard, Suite 325   |

City of mailing address:: Rockville

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Country of mailing  
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